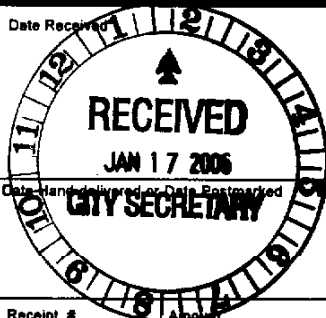


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	T/M/MRS / MR FIRST MI KHALID A NICKNAME LAST SUFFIX KHAN		OFFICE USE ONLY  Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 740831 HOUSTON, TX 77274		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 478-1637		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI LENNY NICKNAME LAST SUFFIX YAFFIE		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1111 WILCREST ST #425 HOUSTON, TX 77042		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 490-1301		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 45th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11 / 01 / 05 01 / 15 / 06		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 08 / 05		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	N/A	HOUSTON City Council DISTRICT F	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME KHALID A. KHAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) NASRUDDIN RUPANI	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City, State, Zip Code SUGAR LAND, TX 77479			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ANITA KHOJA	Amount of contribution (\$) \$ 1000 ^{EX}	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code SUGAR LAND, TX 77479			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) S ZULFIQAR AHMED	Amount of contribution (\$) \$ 1000 ^{EX}	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code DEER PARK TX 77836			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHABZADA KHAN	Amount of contribution (\$) \$ 400 ^{EX}	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code HOUSTON, TX 77			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHABBIR HUSAIN	Amount of contribution (\$) \$ 200 ^{EX}	In-kind contribution description (if applicable)
Contributor address: City, State, Zip Code SUGAR LAND TX 77479			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME <div style="text-align: center; font-family: cursive;">KHALID A. KHAN</div>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date <div style="text-align: center; font-family: cursive;">11/06</div>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center; font-family: cursive;">ASLAM KAPADIA</div> 7 Pledgor address; City; State; Zip Code <div style="text-align: center; font-family: cursive;">SUGAR LAND - TX 77479</div>	8 Amount of pledge (\$) <div style="text-align: center; font-family: cursive;">\$500^{SA}</div>	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date <div style="text-align: center; font-family: cursive;">11/03</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center; font-family: cursive;">ABDUL DAWOOD</div> Pledgor address; City; State; Zip Code <div style="text-align: center; font-family: cursive;">SUGAR LAND TX 77479</div>	Amount of pledge (\$) <div style="text-align: center; font-family: cursive;">\$1000^{SA}</div>	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-family: cursive;">11/07</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center; font-family: cursive;">FIRDOUS HAMANI</div> Pledgor address; City; State; Zip Code <div style="text-align: center; font-family: cursive;">HOUSTON, TX 77036</div>	Amount of pledge (\$) <div style="text-align: center; font-family: cursive;">\$2500^{SA}</div>	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-family: cursive;">11/07</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center; font-family: cursive;">MOHAMMAD ASLAM</div> Pledgor address; City; State; Zip Code <div style="text-align: center; font-family: cursive;">HOUSTON, TX 77036</div>	Amount of pledge (\$) <div style="text-align: center; font-family: cursive;">\$500^{SA} 100</div>	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="text-align: center; font-family: cursive;">11/07</div>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="text-align: center; font-family: cursive;">MOHAMMED REHMAN FUAD</div> Pledgor address; City; State; Zip Code <div style="text-align: center; font-family: cursive;">SUGAR LAND - TX 77479</div>	Amount of pledge (\$) <div style="text-align: center; font-family: cursive;">\$1000^{SA}</div>	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS		SCHEDULE E	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <i>KHALID A. KHAN</i>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date of loan <i>11/04/05</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <i>KHALID A KHAN</i>	9 Loan Amount (\$) <i>10,000 EA</i>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>P.O. Box 740831</i> <i>HOUSTON, TX 77274</i>	10 Interest rate <i>0</i>	
		11 Maturity date <i>NONE</i>	
12 Principal occupation / Job title (See Instructions) <i>BUSINESS</i>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: 	Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME KHALID A. KHAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/31	5 Payee name MIGUEL CARRERA 6 Payee address; City; State; Zip Code 617 S. 12TH EDINBURG, TX 78539	7 Amount (\$) \$2500 ^{xx}	
8 Purpose of payment (See instructions regarding type of information required.) CONSULTING FEE.		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11/02	Payee name STANFORD RESEARCH Payee address; City; State; Zip Code 2520 CONVIEW ST SUITE 410 AUSTIN TX, 78705	Amount (\$) 3151 ⁹³	
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN RESEARCH		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11/02	Payee name PARTIDA ASSOC Payee address; City; State; Zip Code 3303 LOUISIANA ST #145 HOUSTON, TX 77006	Amount (\$) 8600 ^{xx}	
Purpose of payment (See instructions regarding type of information required.) CONSULTING FEE.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11/02	Payee name ROBIN WILLIAMS Payee address; City; State; Zip Code 3000 MURWORTH DR HOUSTON, TX 7725	Amount (\$) \$500 ^{xx}	
Purpose of payment (See instructions regarding type of information required.) CONSULTING FEE.		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

KHAZIB A. KHAN

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

MIQUEL CARRERA

7 Amount (\$)

11/02

6 Payee address; City; State; Zip Code

617 S. 12TH

\$1500^{xx}

EDINBURG, TX 78539

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR
PHONE BANK

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

COPY & SIGN

Amount (\$)

11/04

Payee address; City; State; Zip Code

12220 MURPHY RD

\$875^{xx}

STAFFORD, TEXAS 77477

Purpose of payment (See instructions regarding type of information required.)

PRINTING

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

MIQUEL CARRERA

Amount (\$)

11/07

Payee address; City; State; Zip Code

617 S. 12TH

\$3250^{xx}

EDINBURG, TX 78539

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR
WALKER

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

RUBIN WILLIAMS

Amount (\$)

11/07

Payee address; City; State; Zip Code

3000 MURWORTH DR

\$500^{xx}

HOUSTON, TX 77251

Purpose of payment (See instructions regarding type of information required.)

CONSULTING FEE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

KHALID A KHAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/09

5 Payee name

HILTON SWFY.

7 Amount (\$)

\$ 1410.21

6 Payee address; City; State; Zip Code

6780 SOUTHWEST FWY
HOUSTON TX 77074

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PARTY.

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

11/29

Payee name

RICHMOND PRINTING

Amount (\$)

\$ 6000.00

Payee address; City; State; Zip Code

HOUSTON, TX.

Purpose of payment (See instructions regarding type of information required.)

MAIL OUT EXPENSE.

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

01/05

Payee name

PARTIDAZ ASSOC

Amount (\$)

\$ 2751.06

Payee address; City; State; Zip Code

3303 LOUISIANA ST # 145
HOUSTON, TX 77006.

Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT FOR PRINTING

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Khaid A. Khan

2 ACCOUNT # (Ethics Commission file)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER** Complete A & B below *only* if you are not an officeholder. ****A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER** Complete this section *only* if you are an officeholder **

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME****16 ACCOUNT # (Ethics Commission files)****17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS**1. **TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 0

2. **TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 8600.00

**EXPENDITURE
TOTALS**3. **TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$ 0

4. **TOTAL POLITICAL EXPENDITURES**

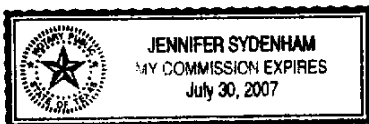
\$ 34220.90

**CONTRIBUTION
BALANCE**5. **TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD**

\$ 0

**OUTSTANDING
LOAN TOTALS**6. **TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 10,000

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Khalid Khan, this the 5th day of Jan, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath